

St. Charles Parish Public Schools

13855 River Road
Luling, LA 70070

St. Charles Parish Public Schools Special Education Advisory Council (SEAC) Application

Please complete the application below. The application must be emailed to seac19@stcharles.k12.la.us by 4:00 pm on April 22, 2021 for consideration.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Email _____

Cell Phone: _____

Position Applied for: Parent Principal, Teacher, or Para educator Other Special Education Stakeholder
(check one)

Does your child receive Special Education services? YES NO

If yes, what school does your child attend? _____ If yes, what grade is your child in? _____

If yes, what is your child's exceptionality? _____

Are you an employee of St. Charles Parish Public Schools? YES NO

If yes, list your school and position: _____

Experience and Professional Background

Educational background: _____

Professional background/work experience: _____

Prior school district involvement: _____

Prior civic activities: _____

Why are you interested in this position?

What strengths would you bring to this position?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that completing this application does not guarantee appointment to the committee. Furthermore, I understand that participation is on a volunteer basis as there is no compensation provided to Special Education Advisory Council members. Additionally, I understand that the purpose of the Special Education Advisory Council is to be a resource for the local superintendent and school board. The St. Charles Parish Public Schools Special Education Advisory Council has no authority to direct school district personnel, operations, policies, or budgeting. There is no requirement that the advice or feedback of the St. Charles Parish Public Schools Special Education Advisory Council be adopted or implemented by the St. Charles Parish School Board or Superintendent.

Signature: _____

Date: _____